TIME SENSITIVE REQUEST FOR SEPARATION INFORMATION

EMPLOYER BUSINESS NAME AND ADDRESS   CLAIMANT NAME

_____

SSN

_____

SUBJECT: EVQ30 – MILITARY SPOUSE RELOCATION

1. What was the claimant's first day of work?   (mm/dd/yyyy) _____

2. What was the claimant's last day of work?   (mm/dd/yyyy) _____

3. What is the reason for the claimant's separation from employment?

4. Explain why the claimant is no longer employed or indicate if and what additional information on the claim will be faxed or emailed to the state; or enter additional information relevant to the claim.